

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	3		/			
5	3		/			
6	3		/			
7	3		/			
8	1		1			
9	1		1			
10	1		1			
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TOTAL IND.			↓	4	↓	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS			B	B	B	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓		↓			
TOTAL DEP.			↔		↔			
TOTAL CLAIMS			B		B			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS